

## Application Data Sheet

### Application Information

**Application Type::** Regular  
**Subject Matter::** Utility  
**Suggested classification::**  
**Suggested Group Art Unit::**  
**CD-ROM or CD-R?::** None  
**Computer Readable Form (CRF)?::** No  
**Title::** DETECTION OF FUNCTION OF  
IMPLANTED MEDICAL DEVICES  
**Attorney Docket Number::** 066243-0223 (128637IT)  
**Request for Early Publication?::** No  
**Request for Non-Publication?::** No  
**Suggested Drawing Figure::** 1  
**Total Drawing Sheets::** 4  
**Small Entity?::** No  
**Petition included?::** No  
**Secrecy Order in Parent Appl.?::** No

### Applicant Information

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Donald E.  
**Family Name::** Brodnick  
**City of Residence::** Cedarburg

**State or Province of Residence::** Wisconsin  
**Country of Residence::** US  
**Street of mailing address::** N75 W7115 Linden St.  
**City of mailing address::** Cedarburg  
**State or Province of mailing address::** WI  
**Postal or Zip Code of mailing address::** 53012

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** David G.  
**Family Name::** Hernke  
**City of Residence::** Sussex  
**State or Province of Residence::** Wisconsin  
**Country of Residence::** US  
**Street of mailing address::** N74 W24333 Viola Ct.  
**City of mailing address::** Sussex  
**State or Province of mailing address::** WI  
**Postal or Zip Code of mailing address::** 53089

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Brian J.  
**Family Name::** Young

**City of Residence::** Germantown  
**State or Province of Residence::** Wisconsin  
**Country of Residence::** US  
**Street of mailing address::** N105 W17040 Old Farm Road  
**City of mailing address::** Germantown  
**State or Province of mailing address::** WI  
**Postal or Zip Code of mailing address::** 53022

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** David E.  
**Family Name::** Albert  
**City of Residence::** Oklahoma City  
**State or Province of Residence::** Oklahoma  
**Country of Residence::** US  
**Street of mailing address::** 1508 Guilford Lane  
**City of mailing address::** Oklahoma City  
**State or Province of mailing address::** OK  
**Postal or Zip Code of mailing address::** 7312

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Robert T.

**Family Name::** Wolfe  
**City of Residence::** Elm Grove  
**State or Province of Residence::** Wisconsin  
**Country of Residence::** US  
**Street of mailing address::** 13070 W. Bluemound Road #301  
**City of mailing address::** Elm Grove  
**State or Province of mailing address::** WI  
**Postal or Zip Code of mailing address::** 53122

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** James M.  
**Family Name::** Gray  
**City of Residence::** Fox Point  
**State or Province of Residence::** Wisconsin  
**Country of Residence::** US  
**Street of mailing address::** 910 E. Hyde Way  
**City of mailing address::** Fox Point  
**State or Province of mailing address::** WI  
**Postal or Zip Code of mailing address::** 53217

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity

**Given Name::** Paul S.  
**Family Name::** Schluter  
**City of Residence::** Whitefish Bay  
**State or Province of Residence::** Wisconsin  
**Country of Residence::** US  
**Street of mailing address::** 5057 N. Palisades Road  
**City of mailing address::** Whitefish Bay  
**State or Province of mailing address::** WI  
**Postal or Zip Code of mailing address::** 53217

#### **Correspondence Information**

**Correspondence Customer Number::** 33679  
**E-Mail address::** PTOMailMilwaukee@FoleyLaw.com

#### **Representative Information**

<b>Representative Customer Number::</b>	33679	
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#### **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>

#### **Foreign Priority Information**

<b>Country::</b>	<b>Application number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>

### **Assignee Information**

**Assignee name::**

GE Medical Systems Information  
Technologies, Inc.